

Implementation Issues For Changes To Workers' Compensation Law

The effective date of the changes is January 1, 2014



**DIVISION OF
WORKERS'
COMPENSATION**

Coverage Requirements

Section 287.280.1, was amended to state that:

- every employer subject to the provisions of chapter 287, *shall*
- on either an individual or group basis;
- insure their entire liability under the workers' compensation law, *and*
- **may insure “in whole or in part” their employer liability, under a policy of insurance or a self insurance plan.**

NOTE: §287.200 (4) allows an employer (ER) to reject mesothelioma liability

Occupational Disease

Occupational diseases added to the exclusive remedy provision under Workers' Compensation Law as set out in §287.120.1 and §287.120.2 RSMo.

This means that all injuries arising out of and in the course of an employee's employment will be litigated before the Division of Workers' Compensation and benefits will be based upon chapter 287, RSMo. NOTE: Employer (ER) may elect to reject mesothelioma liability.

MO. REV. STAT. §§287.120.1, 287.120.2 (Supp. 2013)

Occupational Diseases Due to Toxic Exposure

New subsection 11 was added to §287.020 RSMo defining “occupational diseases due to toxic exposure” under the chapter to include the following:

- Mesothelioma
- Asbestosis
- Berylliosis
- Coal Worker’s Pneumoconiosis
- Bronchiolitis Obliterans
- Silicosis
- Silicotuberculosis
- Manganism
- Acute Myelogenous Leukemia
- Myelodysplastic Syndrome

Occupational Disease

Section 287.067.2 RSMo was amended to add the word “death” and states that an injury *or death by* occupational disease is compensable only if the occupational exposure was the prevailing factor in causing both the resulting medical condition and disability.

Psychological Stress

- Under current law, a firefighter of a paid fire department must establish a direct causal relationship in order to receive benefits for psychological stress.
- The direct causal relationship standard of proof for psychological stress has been extended to paid peace officers of a police department who are certified under chapter 590.

Occupational Diseases Due to Toxic Exposure – Enhanced Benefits

- For all claims filed on or after January 1, 2014, for occupational diseases due to toxic exposure that results in permanent total disability (PTD) or death, an EE is entitled to:
 - Such amount due to EE during EE's life based upon an award of PTD and death; except
 - the PTD and death shall only be paid when the enhanced benefits have been exhausted.

Occupational Diseases Due to Toxic Exposure – Enhanced Benefits

- The enhanced benefit for occupational disease due to toxic exposure *not including mesothelioma* is an amount equal to 200% of the state average weekly wage (SAWW) as of the date of diagnosis for 100 weeks.
- The enhanced benefit for occupational disease due to toxic exposure that *is diagnosed to be mesothelioma*, is an amount equal to 300% of the SAWW for 212 weeks.

Mesothelioma Election

- Employers who elect to accept mesothelioma liability may do so by either:
 - Insuring their liability by purchasing insurance coverage with an insurance carrier;
 - Qualifying as a self-insurer ; or
 - By becoming a member of a group of employers that agrees to pool their liabilities. Such group shall comply with the requirements of §287.223, RSMo (Supp. 2013). This section creates the Missouri Mesothelioma Risk Management Fund.

MO. REV. STAT. § 287.200.4(3) (Supp. 2013).

Mesothelioma Election

- For employers who reject mesothelioma liability under subsection 4 of §287.200, RSMo (Supp. 2013) the exclusive remedy provisions of §287.120, RSMo shall not apply to such liability. Therefore, the ER could be sued in civil court.
- The provisions expire on December 31, 2038.

Occupational Diseases Due to Toxic Exposure

- If the EE dies before the enhanced or additional benefits have been paid, the additional benefits are payable to the EE's spouse or children, in addition to the benefits under §287.240, RSMo.
- If there is no surviving spouse or children and the EE has received less than the additional benefits the remainder shall be paid in 1 single payment to the EE's estate.

Impact on Other Benefits

- Sub division 6 of §287.200.4 states that the provisions of subdivision 1 of §287.200.4 shall not be construed to affect the EE's ability to obtain medical treatment at ER's expense or other benefits otherwise available under this chapter.

Award of Mesothelioma

EE who obtains additional benefits for acquiring asbestosis who later gets an award for mesothelioma shall not receive more benefits than EE would have received for mesothelioma

- The enhanced benefits cannot be greater than mesothelioma benefits even if the employee later on acquires asbestosis.

Toxic Exposure Subrogation

- If the EE suffers or suffered from occupational disease due to toxic exposure and;
- EE, dependents or persons eligible to sue for wrongful death under §537.080 are compensated under chapter 287;
- Employer (ER) shall not be subrogated to the rights of the EE, dependents or persons eligible to sue for wrongful death;

contd.

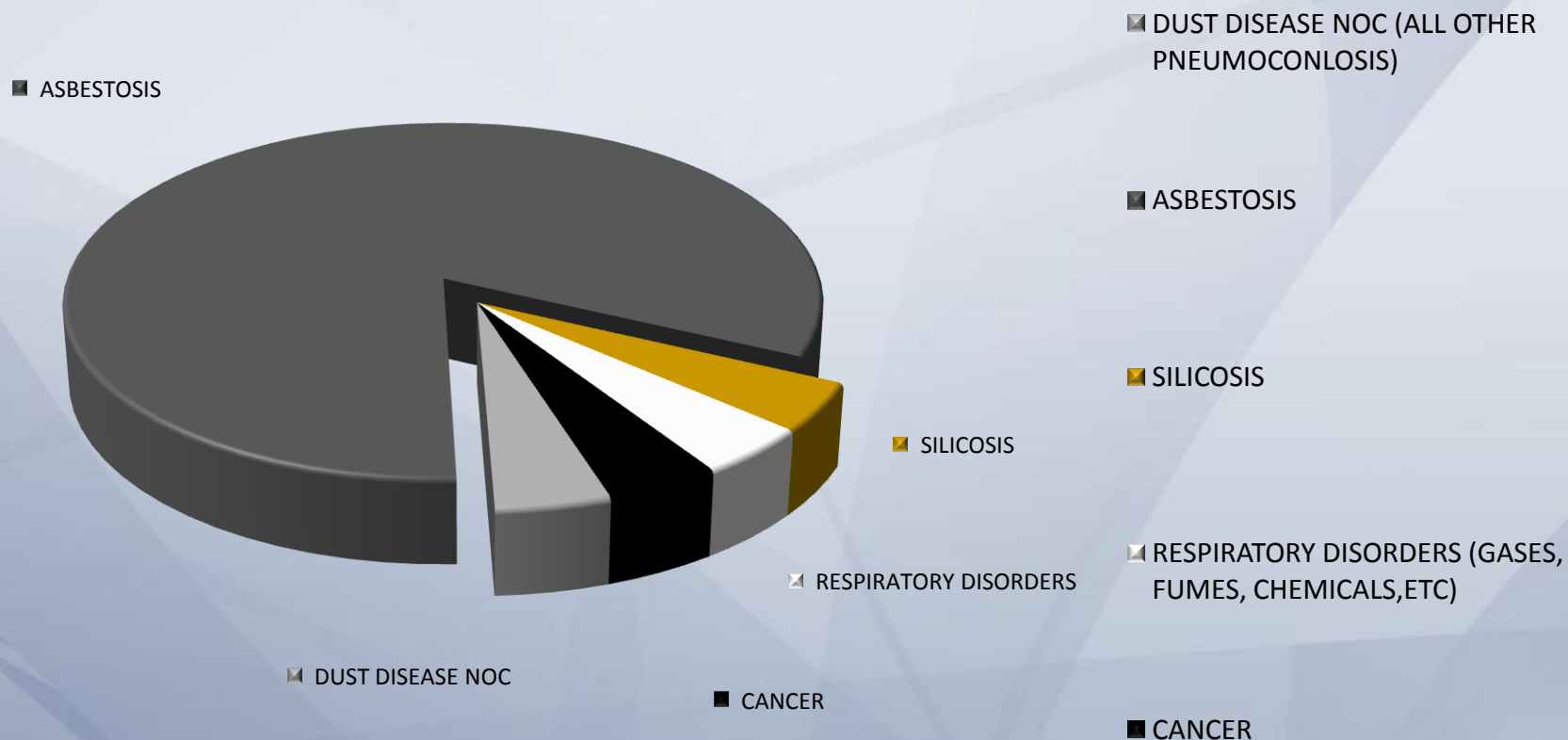
Toxic Exposure Subrogation

- Against such third person or party when the occupational disease due to toxic exposure arose from the EE's work for ER.

No subrogation means that the ER/INS would be unable to recover monies paid in the workers' compensation case from a third-party action.

2014 TOXIC 10 CASES

(by nature of injury as of April 11, 2014)



NCCI revisions to manuals, etc.

- Link to Department of Insurance, Financial Institutions and Professional Registration website:
- <http://insurance.mo.gov/consumers/wc/documents/04-MO-2013.pdf>
- NCCI Endorsements:
 - WC 24 03 03 Missouri Exclusion of Additional Mesothelioma Benefits Endorsement
 - WC 24-03 02 Missouri Notification of Additional Mesothelioma Benefits Endorsement

Claims and Answers

- Filing of Claim for Compensation – revisions made to Form WC-21
 - **There are 2 Claim forms** – One that applies to injuries occurring prior to January 1, 2014, WC-21. One that applies to injuries that occur after January 1, 2014, WC-21A.
 - Changes to Claim form for injuries after 1/1/2014 –
 - Added Box for occupational disease due to toxic exposure;
 - SIF Portion – only claims for PTD for injuries occurring after January 1, 2014, can be filed against the SIF



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
P.O. Box 58
Jefferson City, MO 65102-0058

CLAIM FOR COMPENSATION

INJURY NUMBER

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NOTE: This form should be used to file a Claim for Compensation for accident or injury including occupational diseases and occupational diseases due to toxic exposure that occur on or after January 1, 2014.

This form should be completed in its entirety and must be typed or hand printed in **black ink**.

SUBMIT AN ORIGINAL AND THREE COPIES.

☐ ORIGINAL
CLAIM

☐ AMENDED
CLAIM

☐ SECOND INJURY
FUND ONLY

Please read instructions before completing this form.

BOX NUMBER(S) AMENDED

EMPLOYEE INFORMATION

1. INJURED EMPLOYEE'S NAME LAST		FIRST		INITIAL OR MIDDLE NAME	1A. MAILING ADDRESS (ALSO INCLUDE STREET ADDRESS)												
1B. CITY		1C. STATE	1D. ZIP CODE		2. SOCIAL SECURITY NO. (Last 4 digits) XXX-XX-		3. DATE OF BIRTH										
4. DATE OF ACCIDENT OR OCCUPATIONAL DISEASE		5. AVERAGE WEEKLY WAGE		6. TIME OF ACCIDENT A.M. P.M.		7. PLACE OF ACCIDENT (City, County, State, Zip)											
8. Check the appropriate box if you are filing a Claim due to an Occupational Disease due to Toxic Exposure: <table border="0"><tr><td><input type="checkbox"/> asbestosis</td><td><input type="checkbox"/> silicotuberculosis</td></tr><tr><td><input type="checkbox"/> berylliosis</td><td><input type="checkbox"/> manganism</td></tr><tr><td><input type="checkbox"/> coal worker's pneumoconiosis</td><td><input type="checkbox"/> acute myelogenous leukemia</td></tr><tr><td><input type="checkbox"/> bronchiolitis obliterans</td><td><input type="checkbox"/> myelodysplastic syndrome.</td></tr><tr><td><input type="checkbox"/> silicosis</td><td></td></tr></table>								<input type="checkbox"/> asbestosis	<input type="checkbox"/> silicotuberculosis	<input type="checkbox"/> berylliosis	<input type="checkbox"/> manganism	<input type="checkbox"/> coal worker's pneumoconiosis	<input type="checkbox"/> acute myelogenous leukemia	<input type="checkbox"/> bronchiolitis obliterans	<input type="checkbox"/> myelodysplastic syndrome.	<input type="checkbox"/> silicosis	
<input type="checkbox"/> asbestosis	<input type="checkbox"/> silicotuberculosis																
<input type="checkbox"/> berylliosis	<input type="checkbox"/> manganism																
<input type="checkbox"/> coal worker's pneumoconiosis	<input type="checkbox"/> acute myelogenous leukemia																
<input type="checkbox"/> bronchiolitis obliterans	<input type="checkbox"/> myelodysplastic syndrome.																
<input type="checkbox"/> silicosis																	
<input type="checkbox"/> Check this box ONLY if you are filing a Claim due to an Occupational Disease due to toxic exposure resulting in a diagnosis of mesothelioma.																	
9. PART(S) OF BODY INJURED																	
10. DESCRIBE WHAT THE EMPLOYEE WAS DOING AND HOW THE INJURY OCCURRED.																	

EMPLOYER INFORMATION – If additional employers need to be listed or if you need more space, attach additional sheets.

11. EMPLOYER(S) AGAINST WHOM THIS CLAIM IS FILED. THIS IS THE EMPLOYER IN WHOSE EMPLOYMENT THE INJURY OR OCCUPATIONAL DISEASE OR OCCUPATIONAL DISEASE DUE TO TOXIC EXPOSURE OCCURRED.		
EMPLOYER A:		MAILING ADDRESS
CITY	STATE	ZIP CODE
EMPLOYER B:		MAILING ADDRESS
CITY	STATE	ZIP CODE
EMPLOYER C:		MAILING ADDRESS
CITY	STATE	ZIP CODE

DIVISION USE ONLY

Date Stamp

BE SURE TO COMPLETE NEXT PAGE.

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WC-21

WC-21-A-2 (01-14) AI

• WC-21-A

Claim
for
Comp

13. DID INJURY RESULT IN DEATH? ☐ YES ☐ NO 12A. DATE OF DEATH ____/____/____

14. NAME	DATE OF BIRTH	RELATIONSHIP		
MAILING ADDRESS	CITY		STATE	ZIP CODE
14A. NAME	DATE OF BIRTH	RELATIONSHIP		
MAILING ADDRESS	CITY		STATE	ZIP CODE
14B. NAME	DATE OF BIRTH	RELATIONSHIP		
MAILING ADDRESS	CITY		STATE	ZIP CODE

15. INJURED EMPLOYEE OR CLAIMANT'S SIGNATURE		16. EMPLOYEE/CLAIMANT TELEPHONE NO.		17. DATE	
18. ATTORNEY SIGNATURE		18A. ATTORNEY NAME <i>(type or print)</i>			18B. BAR NUMBER
19. ATTORNEY PHONE NUMBER		19A. ATTORNEY FAX NUMBER		19B. ATTORNEY E-MAIL ADDRESS	
20. ATTORNEY MAILING ADDRESS		20A. CITY		20B. STATE	20C. ZIP CODE

WC-21-3 (01-14) AI

Claim for Comp



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
3315 West Truman Blvd., P.O. Box 58
Jefferson City, MO 65102-0058

INJURY NUMBER

**ANSWER TO CLAIM FOR
COMPENSATION**

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☐ Original ☐ Amended

Box Number(s) Amended

NOTE: Pursuant to 8 CSR 50-2.010 (8) (A), the Answer must be filed within thirty (30) days from the date the Division acknowledges receipt of the claim. Please submit one original for the Division, one copy for the claimant and one copy for claimant's attorney.

Please read instructions before completing this form.

1. Injured Employee/Claimant's Name		1.A. Social Security No. XXX-XX-____	
1.B. Mailing Address	1.C. City	1.D. State	1.E. ZIP Code
2. Name of Employer or Self-Insured Employer			
2.A. Mailing Address	2.B. City	2.C. State	2.D. ZIP Code
3. Name of Insurance Carrier or Self-Insured Group/Trust			
3.A. Mailing Address	3.B. City	3.C. State	3.D. ZIP Code
4. Name of Claims Administrator or Third-Party Administrator			
4.A. Mailing Address	4.B. City	4.C. State	4.D. ZIP Code
5. Telephone Number of the Insurance Carrier	Telephone Number of Claims Administrator or Third Party Administrator		
6. Date of accident/occupational disease.	7. Has the employer/insurer obtained a rating of permanent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Name all authorized providers of medical aid: _____ _____			
9. All of the statements or allegations in the claim for compensation are admitted except the following: Please describe below each statement or allegation in the claim for compensation that is being disputed, the reason why it is being disputed and the facts in regard thereto. Please list all affirmative defenses. If needed, attach sheet with additional information or additional statements.			
		DIVISION USE ONLY	
		DATE STAMP	

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WC-22

WC-22-A-2 (01-14) AI

• WC-22-A

Answer to
Claim

<p>Claim For Compensation alleges occupational disease due to toxic exposure that includes the following: asbestosis, berylliosis, coal worker's pneumoconiosis, bronchiolitis obliterans, silicosis, silicotuberculosis, manganism, acute myelogenous leukemia, and myelodysplastic syndrome.</p> <p>PLEASE COMPLETE THE FOLLOWING BOXES IF THE INSURANCE CARRIER OR SELF-INSURED GROUP TRUST IS DIFFERENT THAN THAT INDICATED IN BOXES 3 THROUGH 5 ABOVE.</p>			
10. Name of Insurance Carrier or Self-Insured Group/Trust			
10.A. Mailing Address	10.B. City	10.C. State	10.D. ZIP Code
11. Name of Claims Administrator or Third-Party Administrator			
11.A. Mailing Address	11.B. City	11.C. State	11.D. ZIP Code
12. Telephone Number of the Insurance Carrier	Telephone Number of Claims Administrator or Third Party Administrator		
<p>13. If the Claim for Compensation alleges an Occupational Disease due to toxic exposure resulting in a diagnosis of mesothelioma, please check one of the following boxes that describes how the EMPLOYER has INSURED his/her LIABILITY:</p> <p><input type="checkbox"/> AN INSURANCE CARRIER; OR</p> <p><input type="checkbox"/> GROUP INSURANCE POOL UNDER §287.223; OR</p> <p><input type="checkbox"/> SELF-INSURANCE APPROVED BY THE DIVISION OF WORKERS' COMPENSATION; OR</p> <p><input type="checkbox"/> REJECTED MESOTHELIOMA LIABILITY</p>			
PLEASE COMPLETE THE FOLLOWING BOXES IF THE INSURANCE CARRIER OR SELF-INSURED GROUP TRUST IS DIFFERENT THAN THAT INDICATED IN BOXES 3 THROUGH 5 ABOVE.			
14. Name of Insurance Carrier or Self-Insured Group/Trust or MO RISK MESOTHELIOMA RISK MANAGEMENT FUND			
14.A. Mailing Address	14.B. City	14.C. State	14.D. ZIP Code
15. Name of Claims Administrator or Third-Party Administrator			
15.A. Mailing Address	15.B. City	15.C. State	15.D. ZIP Code
16. Telephone Number of the Insurance Carrier	Telephone Number of Claims Administrator or Third Party Administrator		
17. Employer's Signature	Date	18. Insurer's Signature	Date
19. Attorney Signature	19.A. Attorney Name (<i>Type or Print</i>)		19.B. Bar Number
20. Attorney Phone Number	20.A. Attorney Fax Number	20.B. Attorney E-mail Address	
21. Attorney Mailing Address	21.A. City	21.B. State	21.C. ZIP Code

Answer to Claim

Answer to Claim revised

- Answer to Claim for Compensation –
Revisions consist of adding boxes for ER to complete the insurance carrier or self-insurance information for occupational diseases due to toxic exposure.
- If the Claim alleges an occupational disease due to toxic exposure resulting in a diagnosis of mesothelioma the employer needs to check the box on how he/she insured liability; or rejected mesothelioma liability.

Proof of Coverage verification

- Add the insurance carrier to the case after checking NCCI POC Online inquiry as is currently being done;
- There will be no change to the procedure for adding insurance carrier to case;
- Division will send carrier request letter to ER to provide coverage information if no coverage found on Online inquiry;
- Division will add carrier based upon Answer

Missouri Mesothelioma Risk Management Fund

- Section 287.223 RSMo (Supp. 2013) creates the Missouri Mesothelioma Risk Management Fund as a body corporate and politic.
- Powers and duties are vested in the Board of Trustees to carry out the purposes of this section.
- Any ER may participate in this Fund and use monies collected to pay mesothelioma awards against the ER member of the Fund.

Missouri Mesothelioma Risk Management Fund

- ERs who join the Fund make annual contributions in amounts determined by the board based upon rates filed by insurers.
- Joining the Fund has same effect as purchase of insurance and as a self-insurance plan.
- Money in the fund is available for:
 - payment and settlement of mesothelioma related awards for employers who participate in the Fund;
 - Attorney's fees and expenses related to administration and representation of the Fund.

Missouri Mesothelioma Risk Management Fund

- No amount in excess of the enhanced benefit for occupational diseases due to toxic exposure diagnosed as mesothelioma, which is 300% of the SAWW for 212 weeks shall be paid by the Fund.
- The Board shall issue payment of benefits in accordance with coverages offered by the Board
 - If ER discontinues participation in Fund ER cannot resume joining the Fund for 5 CYs after discontinuing participation.
 - If ER does not make yearly contribution to Fund the Board shall not pay claim arising from an occurrence in that year
 - ER will be liable for paying the claim.

Missouri Mesothelioma Risk Management Fund

- Employer has 7 working days to notify the Fund that a claim for benefits has been filed against the ER.
- All staff to be provided by DOLIR except as determined by the Board. Fund to reimburse DOLIR for all costs of providing staff.
- Board can contract with independent insurance agents. It may select and employ or contract with persons experienced in insurance underwriting, accounting, servicing of claims and rate making, who serves as technical advisors in establishing annual contribution or call upon DIFP for such services.

Missouri Mesothelioma Risk Management Fund

- Composition of the Board:
 - DOLIR Director ; and
 - 4 members appointed by the Governor with advice and consent of the Senate who are officers or employees of those ERs that participate in the Fund
- Other duties relating to meetings, quorum, record of proceedings, operations of the Fund, administration and operation of the Fund, rules, coverages, use of moneys collected, investments, assessments of members, refunds, etc. are set out in §287.223 (10) to (33).

Medical Fee Reasonableness Disputes

- Statute of limitations period was added in §287.140.4 for health care providers who file an application for payment of additional reimbursement of medical fees pursuant to 8 CSR 50-2.030. It is:
 - Two years from the date the first notice of dispute of medical charge was received by health care provider if the services were provided before July 1, 2013;

Medical Fee Reasonableness Disputes

- One year from the date the first notice of dispute of medical charge was received by health care provider if the services were provided after July 1, 2013
- Notice is presumed to occur no later than 5 business days after transmission by certified U S mail.

Medical Fee Reasonableness Disputes

- Regulation 8 CSR 50-2.030 has been amended to require an Application for Payment of Additional Reimbursement of Medical Fees to include date the first notice of the dispute of medical charge was received by the health care provider.
- Procedure was added for requesting and issuing awards on undisputed facts in reasonableness disputes.

Medical Fee Reasonableness Disputes

- Changes made to forms:
 - Revised Application for Payment of Additional Reimbursement of Medical Fees, WC-MD-02;
 - Request for Award on Undisputed Facts in Regard to Application for Payment of Additional Reimbursement of Medical Fees, WC-297; and
 - Amended Request for Dismissal of Application for Payment of Additional Reimbursement of Medical Fees, WC-MD-05

Reasonable Medical Examination

- Section 287.210.1 was amended to allow the Attorney General's Office, on behalf of the Second Injury Fund, to request a reasonable medical examination if the employer has not obtained a medical examination report.

Second Injury Fund

- Section 287.220 RSMo states that the Second Injury Fund is created exclusively for purposes indicated in this section and for special weekly benefits in rehabilitation cases as set out in §287.141.
- SIF is maintained as provided in §287.710
- State Treasurer is custodian of the SIF
- SIF is subject to audit like state funds and protected by a bond
- Upon requisition of Division Director warrants are issued on the State Treasurer for payment of benefits awarded against the SIF

Second Injury Fund

- Cases of permanent disability involving previous disability due to injuries occurring prior to January 1, 2014, shall be compensated under §287.220.2
- All claims for injuries after January 1, 2014 and all claims involving a subsequent compensable injury for occupational disease after January 1, 2014, shall be compensated per §287.220.3
 - No claim for permanent partial disability (PPD) shall be filed against the Fund after January 1, 2014.

Second Injury Fund – PTD Requirements

- Claims for PTD under §287.200 shall be compensable only when the following conditions are met:
 - a. (a) An employee has a medically documented preexisting disability equaling a minimum of 50 weeks of PPD compensation which is:
 - A direct result of active military duty in any branch of U S armed forces; or
 - A direct result of a compensable injury defined in §287.020; or

Second Injury Fund – PTD Requirements

- Non-compensable injury, but such preexisting disability directly and significantly, aggravates or accelerates the subsequent work-related injury; or
 - Preexisting PPD of an extremity, loss of eyesight in one eye, or loss of hearing in one ear where subsequent compensable work-related injury is to opposite extremity, eye or ear; and
 - (a) b. The employee sustains a subsequent compensable work-related injury that in combination with the above items results in PTD; or
 - (b) Employee is employed in a sheltered workshop and sustains a compensable work-related injury that combines with the pre-existing disability that results in PTD.
- MO. REV. STAT. § 287.220.3(a) (Supp. 2013).

Second Injury Fund – ER liability

- ER Liability for the last work-related injury shall only be for the disability resulting from the subsequent work-related injury considered alone and of itself
- Compensation for benefits are determined per the EE's compensation rate calculated under §287.250

Second Injury Fund – Benefit Payments no longer being made 1/1/2014

- Uninsured Cases – medical and death benefits will no longer be paid from the Fund in uninsured employer cases relating to claims for injuries occurring after January 1, 2014.
- Second job wage loss benefits will no longer be paid for injuries after January 1, 2014.

Second Injury Fund –Payments no longer being made 1/1/2014

- No compensation is payable from the SIF when an employee files a Claim for Compensation under the Workers' Compensation Law of another state for the injury or accident or occupational disease.
- Life payments made from the SIF shall be suspended when the employee is able to obtain suitable gainful employment or be self-employed.

Second Injury Fund - Prioritization

- A prioritization schedule was established for payment of Fund liabilities.
 1. Expenses relating to legal defense of the Fund;
 2. PTD awards in order in which claims are settled or finally adjudicated;
 3. PPD awards in order in which claims are settled or finally adjudicated;
 4. Medical expenses incurred prior to July 1, 2012;
 5. Interest on unpaid awards.

Second Injury Fund

- Instead of every three years, an **actuarial study** shall be done every year to determine the solvency of the Fund. The first study is to be completed by July 1, 2014.
- **Post award interest** on Fund claims is set at the adjusted rate established by the director of revenue or 5%, whichever is greater.

MO. REV. STAT. § 287.220.16 (Supp. 2013).

MO. REV. STAT. § 287.220.8(Supp. 2013).

Second Injury Fund – Additional Surcharge

- To address the solvency issues of the Fund, §287.715 RSMo authorizes the Division Director to collect a **supplemental SIF surcharge** not to exceed 3% for calendar years 2014 to 2021, of policyholder's or self-insured's workers' compensation net deposits, net premiums or net assessments of the previous policy year.
- Division to notify the policyholders and self-insurers of surcharge and supplemental surcharge to be imposed.

SIF Surcharge Rate

- **The following rates are in effect for 2014:**
 - Administrative Tax (authorized under Sec. 287.690) - 1.0 percent
 - Administrative Surcharge (authorized under Sec. 287.716) - 1.0 percent
 - Second Injury Fund Surcharge (authorized under Sec. 287.715) - 3.0 percent
 - Second Injury Fund Supplemental Surcharge (authorized under Sec. 287.715.6) – 3.0 percent
- Announcement made on this website:
<http://www.labor.mo.gov/DWC/notices.asp#WCrates>

Refund or Credit

- If the amount paid exceeds the amount due at the end of any taxable year, the taxpayer shall make an election to either:
 - Request a refund ; or
 - Have credit applied against the tax for following year
- and
- In the event of a credit, deducted from the quarterly installment otherwise due on June 1st.

Individual Risk Modification Rating Plans

- Subsection 6 was added to §287.955 to allow a workers' compensation insurer to develop an individual risk modification rating plan.
- Plan allows for the prospective modification of premiums based on individual risk characteristics predictive of future loss.
- Plans must be “actuarial justified” and not result in premiums that are excessive, inadequate or unfairly discriminatory
- Plan to be filed 30 days prior to use with DIFP and may be subject to disapproval

Administrative Law Judge Review Committee

- The Director of the Division of Workers' Compensation is removed as a member of the Administrative Law Judge Review Committee.
- The ALJ Review Committee consists of the following members:
 - 1 member appointed by the President Pro Tem of the Senate;
 - 1 member appointed by the Minority Leader of the Senate;

Administrative Law Judge Review Committee

- 1 member appointed by the Speaker of the House;
- 1 member appointed by the Minority Leader of the House
- 1 member appointed by the Governor from the Commission on Retirement, Removal and Discipline of Judges.
- The ALJ Review Committee shall annually elect a chairperson from its members for a term of 1 year.

Administrative Law Judge Review Committee

- The term of service for all members shall be 2 years.
- The ALJ Review Committee shall conduct a performance audit of all ALJs every 2 years.
- Any ALJ who receives 3 or more votes of no confidence under 2 successive performance audits by the ALJ Review Committee may have their appointment immediately withdrawn.